

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date:: 09/25/01
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?:: NONE
Title:: METHOD FOR IN VITRO DIAGNOSIS OF ENDOMETRIOSIS
Attorney Docket Number:: SCH-1789
Total Drawing Sheets:: 15

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY
Status:: FULL CAPACITY
Given Name:: HOLGER
Family Name:: HESS-STUMPP
Name Suffix:: DR.
City of Residence:: BERLIN
Country of Residence:: Germany
Street of Mailing Address:: GABELWEIHSTRASSE 19, D-13505
City of Mailing Address:: BERLIN
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-13505

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY
Status:: FULL CAPACITY
Given Name:: BERNARD
Family Name:: HAENDLER
Name Suffix:: DR.
City of Residence:: BERLIN
Country of Residence:: Germany
Street of Mailing Address:: AM BIBERBAU 8, D-13465
City of Mailing Address:: BERLIN
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-13465

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY
Status:: FULL CAPACITY
Given Name:: JOERN
Family Name:: KRAETZSCHMAR
Name Suffix:: DR.
City of Residence:: BERLIN
Country of Residence:: Germany
Street of Mailing Address:: KUHLEWEWEIHSTRASSE 32, D-13409
City of Mailing Address:: BERLIN
State or Province of Mailing Address:: GERMANY
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-13409

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY
Status:: FULL CAPACITY
Given Name:: BERTHOLT
Family Name:: KREFT
Name Suffix:: DR.
City of Residence:: BERLIN
Country of Residence:: Germany
Street of Mailing Address:: FONTANESTRASSE 21, D-13158
City of Mailing Address:: BERLIN
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-13158

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY
Status:: FULL CAPACITY
Given Name:: ELKE
Family Name:: WINTERHAGER
Name Suffix:: PROF., DR.
City of Residence:: ESSEN
Country of Residence:: Germany
Street of Mailing Address:: FERNBLICK 5, D-45259
City of Mailing Address:: ESSEN
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-45259

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY
Status:: FULL CAPACITY
Given Name:: PEDRO
Family Name:: REGIDOR
Name Suffix:: PD., DR.
City of Residence:: ESSEN
Country of Residence:: Germany
Street of Mailing Address:: DAIMLERSTRASSE 10, D-45133
City of Mailing Address:: ESSEN
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-45133

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: GERMANY
Status:: FULL CAPACITY
Given Name:: SIMONE
Family Name:: SCOTTI
Name Suffix:: DR.
City of Residence:: HATTINGEN
Country of Residence:: Germany
Street of Mailing Address:: UHLENKOTTEN 12, D-45529
City of Mailing Address:: HATTINGEN
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-45529

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/243,265	10/26/00

FOREIGN PRIORITY INFORMATION

Application Number::	Country::	Filing Date::	Priority Claimed::
100 48 633.9			

Germany	09/25/00	YES
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